BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF MORTGAGE LENDING
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TERRY JOHNSON
Director

INDEPENDENT LICENSEE - NOTICE OF TERMINATION
OF AFFILIATION WITH ASSOCIATED LICENSEE

Pursuant to Section 40 of R052-09, this form must be provided to the loan modification consultant, foreclosure consultant or covered service provider (associated licensee) and to the Division of Mortgage Lending within three (3) business days of the date that an independent licensee terminates his employment of or association with a loan modification consultant, foreclosure consultant or covered service provider (associated licensee).

Mail or Fax to the Division of Mortgage Lending at the above address.

To: (Provide a Copy of This Form to the Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider – Associated Licensee)
_____
(Name of Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider – Associated Licensee)

License No. of Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider (Associated Licensee): _____

NOTICE TO LOAN MODIFICATION CONSULTANT, FORECLOSURE CONSULTANT OR COVERED SERVICE PROVIDER (ASSOCIATED LICENSEE):
The termination of your affiliation as a loan modification consultant, foreclosure consultant or covered service provider (associated licensee) is being reported to the Division of Mortgage Lending by way of this written statement.

☐   Notice of termination of affiliation was provided to the loan modification consultant, foreclosure consultant or covered service provider (associated licensee) at his last known residence address at
_____
(insert street, city, state and zip) on _____ (insert date)

From: (Name of Independent Licensee): _____
License No. of Independent Licensee: _____
Address of Independent Licensee: _____
_____
Date of Termination: _____
Circumstances Surrounding Termination: ☐ Resigned   ☐ Fired (explain)   ☐ Other (explain)
Explanation: _____

Signature of Independent Licensee: _____